

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21	1					
22		1				
23		1				
24		1				
25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31	1					
32						
33		1				
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36		1				
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45						
46						
47						
48						
49						
50						
TOTAL IND.	↓		↓		↓	
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
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59						
60						
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62						
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97						
98						
99						
100						
TOTAL IND.	↓		↓		↓	
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						